# ANNUAL REPORT

SASKATCHEWAN HEALTH

**1986**

MELFORT-TISDALE HEALTH REGION NO. 11

Melfort-Tisdale Health Region ANNUAL REPORT 1986

ERRATA: Page 11

| | 1985 | 1986 |
|---|---|---|
| Congenital Anomalies | -- | change "930" to "328" |
| Miscellaneous | 669 | change "328" to "930" |

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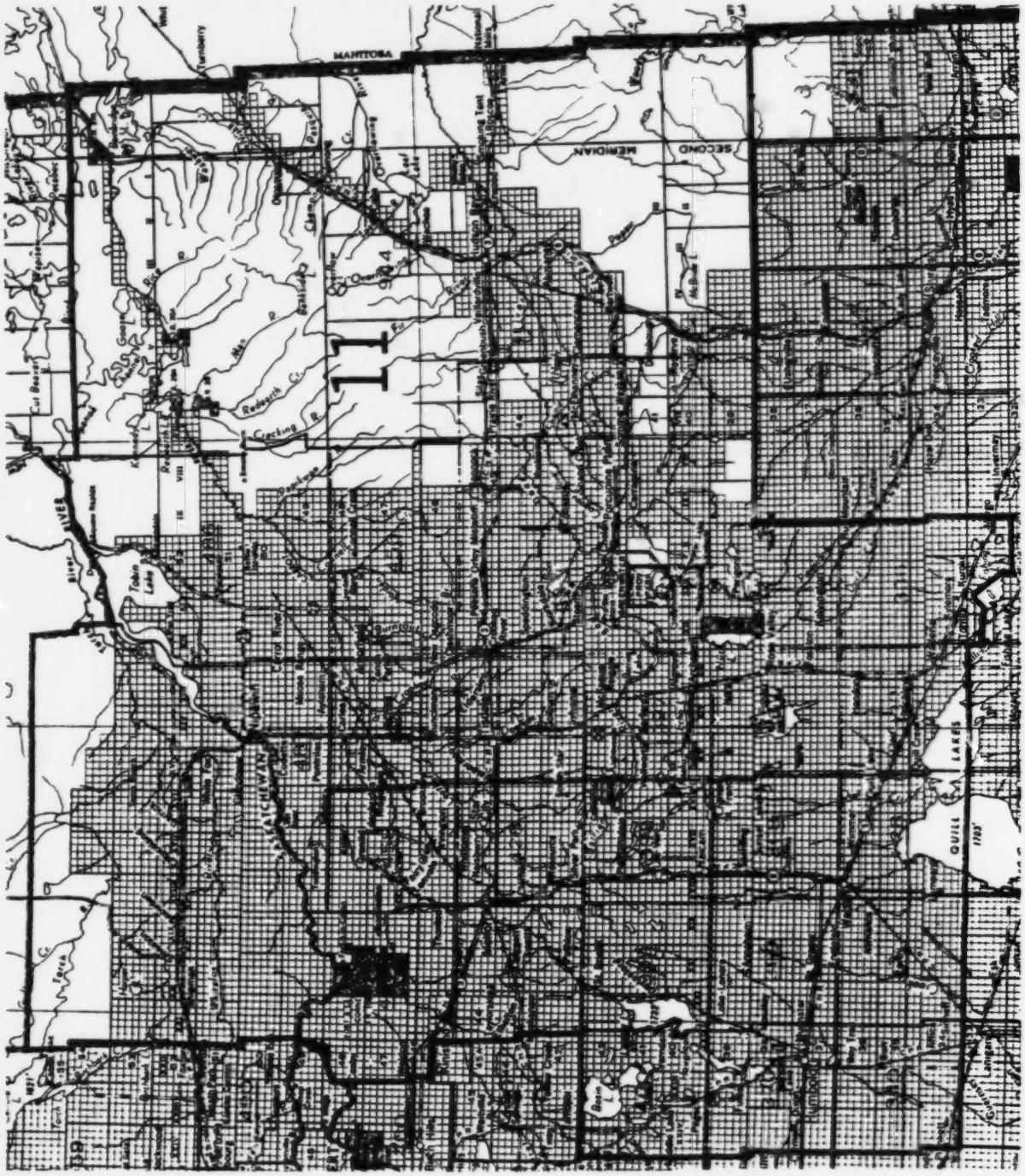


No. 11 Melfort-Tisdale

# A MESSAGE FROM THE CHAIRMAN OF THE BOARD - 1986

- ETTORE QUARONI

Once again, it is my pleasure to make a brief statement for the Melfort-Tisdale Health Region's "Annual Report".

Dr. P. Gully left us as Medical Health Officer in February of 1986. We wish him all the best of luck in Saskatoon. We were fortunate to have Dr. G. Allen Heimann replace Dr. P. Gully as our Medical Health Officer later in the year, and we welcome him to the Melfort-Tisdale Health Region and community.

Three Board Meetings were held during the year of 1986. Matters pertaining to the Health Region were reviewed and discussed.

We also held a Municipal Health Council Meeting which coincided with our Annual Meeting and we assembled for a seminar for Municipal Health Representatives. The reports coming forth from the seminar are encouraging, and seem to provide more incentive towards being a Municipal Health Representative. I hope that this inspiring response will continue in the future.

Recently, I attended a Field Staff Meeting and a meeting of the Health Regions' Board Chairpersons in Regina. We were to meet with Graham Taylor, our former Minister of Health, but due to other committments, he was unable to attend.

We then met with our Executive Director, Stan Malach, and the Assistant Deputy Minister, George Loewen. These meetings were of interest as we, the Board Chairpersons, discussed problems concerning all Health Regions in the province. We took part in the meetings by trying to bring forth some recommendations to improve our status as Board Members pertaining to the Health Regions.

Our staffing in the Melfort-Tisdale Region at present time, is reasonably good. I think we, as Board Members, should be proud of the way the staff have handled their work loads and duties for the Health Region.

Once again, I would like to thank the Regional Board Members and the Municipal Health Representatives for their help and attendance at meetings. I would also like to express my gratitude towards the Medical Health Officers and all the staff for a job well done.

I am looking forward to continued good health service for the future.

LOOKING AHEAD INTO 1987 - The theme for 1987 seems to be "Restraint". Reports from the meeting in Saskatoon during February sound as though we will be fortunate to hold our own--budget wise.

## MELFORT-TISDALE HEALTH REGION #11

## REGIONAL BOARD OF HEALTH

| DISTRICT NO. | TELEPHONE | NAME & ADDRESS | TERM OFFICE EXPIRES |
|---|---|---|---|
| 1 | 752-3727 | Mr. E. Quaroni, Chairman<br>Box 698,<br>MELFORT, Sask. S0E 1A0 | December 31, 1987 |
| 1 | 752-2677 | Mr. V. A. Nordquist<br>Box 87,<br>MELFORT, Sask. S0E 1A0 | December 31, 1988 |
| 2 | 276-2304 | Mrs. Linda French<br>Box 88<br>LOVE, Saskatchewan<br>S0J 1P0 | December 31, 1989 |
| 2 | 768-2614 | Mr. H. Oldreive<br>Box 477,<br>CARROT RIVER, Sask. S0E 0L0 | December 31, 1986 |
| 3 | 889-2064 | Mr. E. Litzenberger<br>Box 102,<br>MISTATIM, Sask. S0E 1B0 | December 31, 1986 |
| 3 | 769-8580 | Mr. Harry Kucherhan<br>Box 253<br>ARBORFIELD, Sask. S0E 0A0 | December 31, 1987 |
| 4 | 889-4208 | Mr. Peter Foga<br>Box 34,<br>PRAIRIE RIVER, Sask. S0E 1J0 | December 31, 1986 |
| 5. | 598-2013 | Mr. Norbert Kunz<br>Box 73,<br>ANNAHEIM, Sask. S0K 0G0 | December 31, 1987 |
| 5. | 367-2042 | Mr. J. Hoeber<br>Box 205,<br>MIDDLE LAKE, Sask. S0K 2X0 | December 31, 1986 |
| 6. | 338-2671 | Mrs. Anna Prince<br>Box 136,<br>KUROKI, Sask. S0A 1Y0 | December 31, 1986 |

# 1986 HEALTH COUNCILLORS

| NAMES | ADDRESSES | REPRESENTING | POPULATION |
|---|---|---|---|
| **HEALTH DISTRICT #1** | | | |
| Mr. Vance Nordquist | Box 87, Melfort | City of Melfort | 6554 |
| Mr. Richard Friesen | Box 521, Kinistino | Town of Kinistino | 803 |
| Mrs. Nita Prodaehl | Box 325, Naicam | Town of Naicam | 959 |
| Mrs. Hazel Armstrong | Box 97, Star City | Town of Star City | 594 |
| Mr. Wayne Reid | Box 54, Beatty | Village of Beatty | 97 |
| Mr. Robert Mumby | St. Brieux | Village of St. Brieux | 469 |
| Mr. Robert Granrude | Box 123, Weldon | Village of Weldon | 274 |
| Mr. Forrest Pederson | Box 447, Naicam | R.M. of Pleasantdale #398 | 947 |
| Mr. Ettore Quaroni | Box 698, Melfort | R.M. of Lake Lenore #399 | 582 |
| Mr. Elmer Rolles | Box 245, Tisdale | R.M. fo Star City #428 | 1071 |
| Mr. Alex Midrik | Pathlow | R.M. of Flett Springs#429 | 936 |
| Mr. Gerlad Peterson | Box 1017, Melfort | R.M. fo Willow Creek #458 | 1067 |
| Mr. Walter Dupin | Box 4, Pathlow | R.M. of Kinistino #459 | 1093 |
| - - - - - - - | - - - - - - - | Village of Valparaiso | 40 |
| TOTAL - - - - - - -

Health District #3 Continued

| | | | | |
|---|---|---|---|---|
| Mr. E. P. Sawchyn | Box 280, Arborfield | R.M. of Arborfield | #456 | 645 |
| Mrs. Kathy Reed | Box 1658, Tisdale | R.M. of Connaught | #457 | 922 |
| TOTAL | | | | 10023 |

HEALTH DISTRICT #4

| | | | | |
|---|---|---|---|---|
| Mr. Albert Bennett | Box 206, Hudson Bay | Town of Hudson Bay | | 2360 |
| Mr. Barry Warsylewicz | Box 310, Porcupine Plain | Town of Porcupien Plain | | 968 |
| Mrs. Olga Smith | Box 28, Carragana | Village of Carragana | | 76 |
| Mr. James Wallace | Box 114, Weeks | Village of Weeks | | 105 |
| Mr. Albert Espenant | Box 946, Hudson Bay | R.M. of Hudson Bay | #394 | 2063 |
| Mr. Peter Foga | Box 34, Prairie River | R.M. of Porcupine P. | #395 | 1591 |
| TOTAL | | | | 7163 |

HEALTH DISTRICT #5

| | | | | |
|---|---|---|---|---|
| Mr. Grant Hoffman | Humboldt | Town of Humboldt | | 5312 |
| Mr. Jake Bendel | Leroy | Town of Leroy | | 515 |
| Mr. Norbert Kunz | Box 73, Annaheim | Village of Annaheim | | 218 |
| - - - - - - - | - - - - - - - | Village of Englefeld | | 257 |
| Mrs. Barbara Pomedli | Box 178, Middle Lake | Village of Middle Lake | | 277 |
| Mr. Sidney Schmidt | Muenster | Village of Muenster | | 428 |
| Mr. Duane Bauer | Pilger | Village of Pilger | | 142 |
| - - - - - - - | - - - - - - | Village of St. Benedict | | 174 |
| Mr. Albert Hogemann | Box 101, St. Gregor | Village of St. Gregor | | 158 |
| Mr. Carl Hogemann | Leroy | R.M. of Leroy | #339 | 903 |
| Mr. Cyril Hale | Box 425, Humbodlt | R.M. of Wolverine | #340 | 703 |
| Mr. Francis Ehalt | Annaheim | R.M. of St. Peter | #369 | 1337 |
| Mr. Tony Reineki | Carmel | R.M. of Humbodlt | #370 | 1249 |
| Mr. Carl Grundmann | St. Brieux | R.M. of Three Lakes | #400 | 876 |
| - - - - - - - - | - - - - - - | Village of Lake Lenore | | 359 |
| TOTAL | | | | 12908 |

HEALTH DISTRICT #6

| | | | | |
|---|---|---|---|---|
| Mr. Lorne Bates | Box 669, Kelvington | Town of Kelvington | | 1061 |
| Mr. Perry Banadyga | Box 190, Wadena | Town of Wadena | | 1673 |
| Mrs. Dorothy Miller | Box 69, Watson | Town of Watson | | 909 |
| Mr. William Einarson | Box 76, Fosston | Village of Fosston | | 118 |
| Mr. Bud Johns | Box 72, Margo | Vllage of Margo | | 168 |
| Mr. G. T. Graham | Quill Lake | Village of Quill Lake | | 537 |
| Mrs. Kathy Johnson | Box 132, Spalding | Village of Spalding | | 351 |
| Mrs. Anna Prince | Box 136, Kuroki | R.M. of Sasman | #336 | 1367 |
| Mr. Alvin Zarar | Wadena | R.M. of Lakeview | #337 | 849 |
| Mr. J. D. Duguid | Quill Lake | R.M. of Lakeside | #338 | 660 |
| Mr. Tim Leurer | Box 519, Kelvington | R.M. of Kelvington | #366 | 918 |
| Mr. Douglas Muir | Box 308, Rose Valley | R.M. of Ponass Lake | #367 | 1013 |
| Mr. R. J. McPherson | Box 10, Spalding | R.M. of Spalding | #368 | 879 |
| - - - - - - - - | - - - - - - - - - | Town of Rose Valley | | 493 |
| TOTAL | | | | 10996 |

# MEDICAL HEALTH OFFICER'S REPORT - 1986

- G. ALLEN HEIMANN
MD, MHSc

This year, the Health Region was again fortunate in having Dr. Don Watler as Acting Medical Health Officer and Mr. Jim Thorn as Acting Regional Director until I assumed my duties on Septemer 2. On behalf of the Board and Health Region Staff, I would like to thank them for their assistance to the Health Region in the interim period.

Even in a well established program such as that of Community Health Services Branch, changes are continually taking place. This year, for example, saw the introduction of the Preschool Core Services Program and the Community Therapy Program. Those programs are covered in separate reports of Nursing and Community Therapy respectively. The program reports, as well, detail the continual personnel changes which appear to be the most predictable factor of any program. Even though the programs are frequently over-subscribed, the program staff in this health region have maintained a consistent level of quality throughout the year. It is a compliment to the Health Region staff that to my knowledge, no complaints have been made against them regarding the quality of their service. Comments are often made about waiting lists and about the wish that we could provide more service, but that service which we can provide is regarded by the residents of this Health Region as being of the highest quality.

This report is, in effect, a review of the collective public health of the Health Region. Statistics to measure this health are difficult to come by.

The success of programs such as Speech and Language Pathology, Early Childhood Psychology, Chiropody, Nutrition, and Community Therapy, are probably better measured through the collective improvements of the individual clients rather than by a Community Measure.

Communicable disease statistics have been traditionally used as one measure of health. An examination of the communicable disease statistics for 1986 show a marked increase in a number of areas. The Health Region experienced a number of communicable disease outbreaks this year, including a spring outbreak of measles, a late summer outbreak of Shigellosis, a large food borne outbreak of Salmonella, and a modest increase in bacterial gastro-enteritis, particularly Campylobacter. The best conclusion that can be drawn from these statistics is that communicable diseases are still very much with us and that continual attention to such preventive medicine practices as immunization, good food handling practice, and milk pasturization is required.

The statistics on sexually transmitted diseases provide no real picture of what may be present in the community. Some experts in the field estimate that gonorrhoea may be under reported by as much as a factor of three. Statistics for chalamydia, another type of sexually transmitted disease, are being presented for the first time and are probably even more underreported. Despite the continued interest in Acquired Immune

Deficiency Syndrome, no cases of the syndrome have been reported in this Health Region to date. They will eventually find their way here.

With regards to non-communicable disease, I have continued the presentation of the potential years of life lost table began by my predecessor, Dr. Gully. The potential years of life lost are calculated by assuming that persons should live, on an average, to the age of 70 years. Therefore, if a person dies say at 40 years, then 30 years of potential life are lost. As noted in the 1986 figures, injuries and poisonings, which occur to relatively young individuals, continue to contribute the most number of potential years of life lost.

In the area of environmental health, a glance of the Public Health Inspection statistics shows the importance placed on clean water supplies and the proper disposal of sewage as well as safe food preparation. The statistics do not indicate the results, only the effort. The absence of frequent disease outbreaks indicates the results.

In general, it can be said that we as Canadians continue to eat too much, drink too much, and exercise too little. We continue to deal badly with stress. We do smoke less than we used to. While the number of smokers has begun to decrease, the number of young smokers, especially female smokers, is still too high. Lung cancer rates for women, nation wide, have increased five fold since 1950.

It is in this last area, that of smoking, that the Regional Board is considering focusing its efforts for the comming year 1987. The Board will be considering ways in which its efforts can be translated into practical action, and action is needed in this area. Recently, two municipalities have considered and rejected non-smoking bylaws. Whatever the merits of the individual bylaws, the trend is cause for concern. The second report of the United States Surgeon Gereral, 1986, has now clearly shown the consequenses of second hand cigarette smoke.

The Regional Board of Health has met regularly throughout the year, meeting twice with District Health Councillors. The orientation manual for Regional Board Members and Municipal Health Representatives was distributed prior to the fall in-service meeting, and was well received by the representatives. Their advice continues to be both thoughtful and helpful.

In conclusion then, compared to the vast majority of the world and many parts of Canada, the "health" of this region is good. This should not be, however, a basis for complacency, but a foundation on which better "Health For All" can be built. Our future health is by no means assured.

# HEALTH REGION STATISTICS

## VITAL STATISTICS

| | 1984 | 1985 | 1986 |
|---|---|---|---|
| Population | 71,591 | 70,993 | 74,059* |
| Births | 1,001 | 1,123 | 1,047 |
| Unmarried Mothers | 197 | 184 | 170 |
| Infant Deaths (Including Native) | | | |
| 0-12 months | 9 | 9 | 10 |
| Under 28 days (Neonatal Deaths) | 4 | 4 | 4 |
| Infant Mortality Rate / 1000 | 8.99 | 8.01 | 9.55 |
| Still Births | 6 | 6 | 7 |
| Neonatal Mortality Rate / 1000 | 3.99 | - | 3.82 |
| TOTAL DEATHS | 466 | 698 | 632 |
| Crude Death Rate / 1000 | 6.5 | - | 8.5 |

* includes registered native indians

## COMMUNICABLE DISEASE STATISTICS

| | | | |
|---|---|---|---|
| Chalamydia | — | — | 21 |
| Measles | — | — | 60 |
| Food Intoxication | 5 | 8 | — |
| Gastro-Enteritis - Viral | 4 | - | — |
| - Bacterial | 2 | - | 26 |
| Shigellosis - Unspecified | 25 | 6 | 57 |
| Hepatitis - A | 81 | 97 | 5 |
| Hepatitis - B | 3 | 3 | 4 |
| Meningitis - Bacterial | 4 | 4 | 2 |
| - Viral | 2 | 7 | — |
| Pertussis | 2 | - | — |
| Rubella | - | - | — |
| Salmonellosis | 40 | 22 | 50 |
| Tuberculosis (pulmonary) | 1 | 8 | 1 |
| Sexually Transmitted Diseases - Gonorrhea | 40 | 20 | 29 |
| - Syphillis | - | - | — |
| Giardiasis | 5 | 15 | 9 |

# COMMON CAUSES OF DEATH

## 1986 STATISTICS

| | | | |
|---|---|---|---|
| 001 - 139 | I. | Infectious and Parasitic Diseases | 2 |
| 140 - 239 | II. | Neoplasms | 153 |
| 240 - 279 | III. | Endocrine, Nutritional and Metabloic Diseases and Immunity Disorders | 17 |
| 280 - 289 | IV. | Diseases of Blood and Blood-Forming Organs | 4 |
| 290 - 319 | V. | Mental Disorders | 8 |
| 320 - 389 | VI. | Diseases of the Nervous System and Sense Organs | 17 |
| 390 - 459 | VII. | Diseases of the Circulatory System | 261 |
| 460 - 519 | VIII. | Diseases of the Respiratory System | 72 |
| 520 - 579 | IX. | Diseases of the Digestive System | 17 |
| 580 - 629 | X. | Diseases of the Genitourinary System | 7 |
| 630 - 676 | XI. | Complications of Pregnancy, Childbirth and the Puerperium | 2 |
| 680 - 709 | XII. | Diseases of the Skin and Subcutaneous Tissue | - |
| 710 - 739 | XIII. | Diseases of the Musculoskeletal System and Connective Tissue | 4 |
| 740 - 759 | XIV. | Congenital Anomalies | 6 |
| 760 - 779 | XV. | Certain Conditions Originating in the Perinatal Period | 2 |
| 780 - 799 | XVI. | Symptoms, Signs and Ill-Defined Conditions | 6 |
| 800 - | XVII. | Injury and Poisoning | 55 |

# YEARS OF POTENTIAL LIFE LOST BEFORE AGE 70
## BY PERSONS RESIDENT IN MELFORT-TISDALE HEALTH REGION IN 1986

| CAUSES | POTENTIAL YEARS LOST * | |
|---|---|---|
| | 1985 | 1986 |
| Injury and Poisoning | 1351 | 1545 |
| Malignant Neoplasms | | |
| Cancer of the Lung | 149 | 180 |
| Cancer of female breast | 89 | 80 |
| Cancer of colon | 34 | 36 |
| Other cancers | 508 | 374 |
| Circulatory System | | |
| Ischaemic heart disease | 239 | 435 |
| Other causes | 111 | 205 |
| Other Causes | | |
| Deaths close to birth | 280 | 125 |
| Congenital Anomolies | — | 930 |
| Miscellaneous | 669 | 328 |
| ALL CAUSES | 3430 | 4238 |

* calculated from death notification data provided by the Division of Vital Statistics

# COVERED POPULATION AS AT JUNE 30, 1986
## BY AGE, GROUP, AND SEX
## (INCLUDING REGISTERED NATIVE INDIANS)

| AGE | M ***** | F ***** | T ***** |
|---|---|---|---|
| 1 | 585 | 489 | 1074 |
| 1-4 | 2500 | 2303 | 4803 |
| 5-14 | 6109 | 5741 | 11 850 |
| 15-24 | 6584 | 5791 | 12 375 |
| 25-34 | 5413 | 4933 | 10 346 |
| 35-44 | 4241 | 3960 | 8201 |
| 45-54 | 3468 | 3264 | 6732 |
| 55-64 | 3686 | 3628 | 7314 |
| 65-74 | 3097 | 3340 | 6437 |
| 75- + | 2329 | 2598 | 4927 |
| TOTALS | 38 012 | 36 047 | 74 059 |

# PUBLIC HEALTH NURSING REPORT - 1986

- DIANE JOHNSTON

1986 was another year of change for Public Health Nurses in Health Region #11. It was also a year of becoming more settled with programs introduced and/or modified in the previous year i.e. the Passport to Health Program.

The summer months (July and August) saw the introduction of two job sharing positions in the Health Region, one in Tisdale and the other in Nipawin. This arrangement seems to be working well. The Public Health Nurses involved have expressed pleasure with the benefits of being able to work half time and the quality of service being provided has maintained a high standard.

April 11, 1986, D. Bender, Public Health Nurse, Melfort, commenced an indefinite leave of absence. The Health Region lost her position to the Weyburn-Estevan Health Region. As a result, a redistribution of nursing districts was required. As of December 31, 1986, permission had not yet been given to proceed with the redistribution. This meant that the remaining Melfort P.H.N.s carried an unusually heavy workload for most of the year (9 months).

September, 1986, J. Morrison, Public Health Nurse, Melfort, commenced one year education leave. She is currently enrolled in a Masters of Nursing Program at Dalhousie University in Halifax. Her position has been filled by M. Mann on a temporary basis.

Dr. Heimann was welcomed to the Health Region in September, 1986. It has been good to have a resident M.H.O. again. We are grateful to Dr. Watler, M.H.O., Yorkton for his assistance during the 7 months between Dr. P. Gully's departure and Dr. Heimann's arrival.

June, 1986, we again had 8 University of Saskatchewan nursing students in the Health Region. They were based in Nipawin, Tisdale and Melfort offices. The students were appreciative of the field experience provided by the Public Health Nurses and the Public Health Nurses in turn found their time with the students interesting.

The Passport to Health Program for preschoolers, which I described in the 1985 Annual Report as the Preschool Core Services Program was successfully implemented in 1986. To evaluate the vision screening portion of the program, data was collected in 1986. The evaluation results should be available in the first quarter of 1987.

The number of Child Health Conferences increased to accommodate the larger number of 3 and 4 year old children now being seen. The Public Health Nurses, on average, spend 30% of their time in Child Health Conferences.

Other disciplines/departments were provided with an orientation to the Passport to Health Program i.e. Directors of Education and School Board Members. They are supportive of the program.

In September, 1986, the statistics being collected regarding Child Health Conferences were changed. This was done in an effort to give a more

accurate picture of Child Health Conference activities. The Public Health Nurses have accepted and adjusted well to the new format for collecting statistics. You will note that the Selected Nursing Statistics, page 15, provide limited information regarding Child Health Conferences. This is because the type of data being collected was changed during the year.

The adequacy of Child Health Conference facilities throughout the Health Region was assessed in 1986. As a result, we have changed location of the Child Health Conferences in some communities in order to ensure that the basic facility standards are being met. There will likely be more changes needed in 1987. The cooperation of communities in assisting us to find suitable facilities has been appreciated. We look forward to continued support.

Spousal/family violence has increasingly become an area of concern for people working in the human service area as well as for the public. A number of Public Health Nurses in the Health Region have attended and/or assisted in the planning and organizing of spousal/family violence workshops.

The Prenatal Health Education Manual was completed in 1986. Public Health Nurses consider this a valuable resource as they have worked so many years without such a resource. By January 1, 1987, all Public Health Nurses will be teaching prenatal classes based on the format as outlined in the Manual. Prenatal classes continue to be a service in high demand.

Communicable disease follow-up eg: salmonella, giardiasis, shigella, campylobacter, Sexually Transmitted Diseases and T.B. is another important aspect of Public Health Nursing work.

In 1986, Public Health Nurses assumed responsibility for the tracing and skin testing of T.B. contacts. This is done in consultation and cooperation with the Sask. Anti-T.B. League.

I want to thank J. Tondell, Assistant Nursing Supervisor and the eighteen Public Health Nurses who provide direct service to clients, for their acceptance of the uncertainty that comes with change and for their willingness to assume new and/or additional responsibilities when needed.

# SELECTED NURSING STATISTICS

| | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|
| NURSING DAYS | 3592 | 3518 | 3225 | 3060 | 3230 |
| PRENATAL CLASSES | | | | | |
| CLASSES HELD | 171 | 191 | 175 | 145 | 176 |
| NUMBER OF PREGNANT WOMEN ATTENDING | 371 | 360 | 339 | 397 | 416 |
| CHILD HEALTH CONFERENCES (CHC) | | | | | |
| INFANT (0-12 MOS.) CHC ATTENDANCE | 3289 | 3389 | 3387 | 3121 | 3358 |
| PRESCHOOL (1-5 YR.) CHC ATTENDANCE | 3863 | 3536 | 3931 | 3872 | 4221 |
| SCHOOL HEALTH PROGRAM | | | | | |
| SCHOOL ENROLLMENT | 14501 | | 14843 | 14586 | 14343 |
| STUDENTS SEEN | 3346 | 7555 | 4668 | 4646 | 3676 |
| HOME VISITS | | | | | |
| PRENATAL | 578 | 485 | 402 | 313 | 243 |
| POSTNATAL | 1018 | 954 | 961 | 864 | 832 |
| OTHER | 2311 | 2067 | 2317 | 1533 | 1486 |

# ENVIRONMENTAL HEALTH REPORT - 1986

- W. KOROLUK

Since my last annual report, the status of staffing and the area of coverage remains unchanged. The PHI position in Wadena remains vacant, and the Senior PHI twinning concept is still in effect. In addition, injuries resulted in a loss of 2½ man months of service. In this respect, Mr. B. Graham was involved in a bicycle-car accident and suffered multiple injuries and Mr. R. Tataryn had the misfortune of falling on ice and cracking his knee cap. I am pleased to note that both inspectors have recovered and show no ill after effects. On the positive side of staffing, we were provided with a part-time student for assistance with the Shoreland Program and best of all, we finally acquired the services of a full time Medical Health Officer.

In looking at the staffing situation relative to programming, it was obvious that our planned work guide for the year had to be seriously modified. In this respect and under the heading of routine services, the inspection of food stores, barber and beauty shops, and schools, had to be restricted to situations where previous inspections showed deficiencies or where special requests and/or complaints were received. Services to the Wadena district are again being made from Humboldt, Melfort, and Nipawin.

In the field of health education, we continue to have a receptive audience for our National Sanitation Training Program and the Level One Swimming Pool Operator's Course. Six such courses were held with a total attendance of 131 people. Local Home Care boards and voluntary food handlers representing service clubs and church organizations once again have given us support. In related areas of education, one of our staff is actively involved with a committee dealing with the black fly problem in Northeast Saskatchewan and as well with a steering committee addressing the recreating and other needs of the Codette Reservoir. In addition, we are advised that the "Think Clean" package which deals with institutional food service is being reproduced and will be available for loan.

During the summer season, recreating facilites placed additional demands on our staff. For the first time, some attempts are being made to establish bacteriological criteria for swimming beaches. Background information by way of sampling for E coli was conducted in thirteen swimming areas during the months of June, July, and August. Additional sampling in following years, will be carried out in the waters that have unusually high readings. Shoreland developments at a few of the resorts are undergoing change. A survey of selected lots was carried out for purposes of updating records and also for purposes of seeking compliance with provincial and Park Board requirements. The cooperation and support from one Regional Park especially was much appreciated. Vigilance over artificial swimming pools, continues to be a priority and special emphasis was placed on two problem pools. One swimming pool had to be closed because

of inadequate water clarity, and the opening of another pool had to be delayed because of staffing problems. During mid summer, one of our staff appeared before an inquest jury because of a drowning. As a result of the hearing, several recommendations were made. One of these stipulated that the pool operator must respond more quickly to the inspector's report and recommendations.

Over the years, we have prided ourselves in not having a food poisoning outbreak that incriminated a public eating facility. Unfortunately, this year we had two Salmonella outbreaks involving a commercial catering firm. In total, 211 people were affected, 56% of them suffered poisoning symptoms, and of this number, nearly 25 required medical and/or hospital care. Exhaustive investigations identified potato salad as the vehicle of transmission. However, the original source was not identified although we did suspect a food handler who had flu-like symptoms on the days of the banquets.

The food poisoning example illustrates the importance of food management at places that cater to the public. In this respect, we are please to note that legislative changes are in effect or are scheduled for bakeries and eating establishments. One of the more important changes will be the provisions for licensing. This provision will also be applicable to the dietary sections of hospitals and nursing homes. By mutual arrangement with the Board of Directors, and on a voluntary basis, provisions are now made to apply Eating Establishment standards to the food service section of a boarding school.

Apart from the above program, several individual projects were conducted as needs dictated to deal with a variety of subjects. These included carbon monoxide testing in skating arenas, backflow prevention on water supply lines adjacent to hot water boilers, and sprinkler systems charged with pH adjusting compounds, sewer gas problems in private homes, substandard housing investigations and condemnation, microwave oven testing in commercial establishments and private homes, and bacteriological testing of multi use utensils at all licensed premises and in selected eating establishments.

In the overall assessment, I would like to note that the services which come under health jurisdiction in Health Region #11 met an acceptable standard this past year, and I would like to suggest that the region continues to be a healthful place to live, to work, and to play. In this respect, I would like to offer my thanks to the field staff and the front office staff for their assistance.

# ENVIRONMENTAL HEALTH STATISTICS

| FACILITY OR SERVICE | NUMBER OF FACILITIES | | NUMBER OF INSPECTIONS | | NO. OF FIELD VISITS AND CONSULTATIONS | |
|---|---|---|---|---|---|---|
| | 86 | 85 | 86 | 85 | 86 | 85 |
| Eating Establishments | 296 | 287 | 313 | 365 | 396 | 615 |
| Food Distribution | 129 | 138 | 36 | 100 | 44 | 96 |
| Food Processing | 69 | 74 | 44 | 65 | 49 | 66 |
| Liquor Outlets | 83 | 88 | 76 | 99 | 96 | 165 |
| Communal Water Systems | - | 66 | - | - | 10 | 29 |
| Private Water Supply | - | - | - | - | 28 | 44 |
| Public Water Supply | - | 11 | - | - | 33 | 52 |
| Communal Sewerage Systems | - | 58 | - | - | 11 | 19 |
| Private Sewerage Systems | - | - | - | - | 252 | 252 |
| Public Sewerage Systems | - | - | - | - | 3 | 13 |
| Solid Waste Disposal | - | - | - | - | 42 | 47 |
| Liquid Waste Transport | - | - | - | - | 1 | - |
| Hospitals | 15 | 21 | 17 | 14 | 19 | 14 |
| Schools | 82 | 86 | 3 | 83 | 17 | 48 |
| Institutions | 26 | 41 | - | 27 | 18 | 28 |
| Housing | - | - | - | - | 161 | 166 |
| Mobile Home Courts | 20 | 19 | 20 | 19 | 16 | 18 |
| Trailer Courts | - | - | - | - | 5 | 2 |
| Hotels | 64 | 64 | 65 | 76 | 31 | 54 |
| Motels | 26 | 26 | 29 | 33 | 15 | 21 |
| Industrial Facilities | 11 | 12 | 11 | 8 | 10 | 18 |
| Swimming Pools | 29 | 30 | 27 | 28 | 93 | 116 |
| Agricultural Facilities | - | - | - | - | 38 | 44 |
| Personal Service Facilities | 91 | 92 | 36 | 42 | 32 | 35 |
| Recreational Facilities | 74 | 90 | 70 | 86 | 201 | 181 |
| Public Facilities | 39 | - | 14 | - | 36 | 28 |
| Plumbing | - | - | - | - | 427 | 601 |
| Investigations | - | - | - | - | 98 | 85 |

# ENVIRONMENTAL HEALTH STATISTICS

| General Services | Number of Hours | |
|---|---|---|
| | 86 | 85 |
| Travel | 1119 | 1231 |
| Meetings | 244 | 210 |
| Surveys | 20 | 25 |
| Monitoring | - | 6 |
| Training Courses | 226 | 240 |
| Other | 54 | 66 |

| Office Services | Number of Hours | |
|---|---|---|
| | 86 | 85 |
| Projects | - | 15 |
| Staff Meetings | 211 | 246 |
| Staff Development | 169 | 420 |
| General Administration | 1286 | 1714 |

# SPEECH - LANGUAGE PATHOLOGIST'S REPORT

- Lyn S. Cook

The Speech Language Pathology program continued its emphasis on the early identification and treatment of communication disorders. The caseload priority therefore remains on services to pre-schoolers.

Personnel changes have had some effect on the delivery of speech and language services to the north-east community. Karen McConnell left the staff of Health Region #11 in August and her position has not yet been filled. There is a shortage of qualified speech-language pathologists in the province, and our Health Region is not the only one which has not been able to fill a vacancy. Due to the vacancy, the number of visits to district offices has been reduced, thereby decreasing the frequency of therapy sessions for some clients. However, some level of service to all areas of the Health Region has been maintained.

A variety of communication problems have been assessed and treated. These include both language-delayed and language disordered pre-schoolers. Hi-risk infants and toddlers, born with congenital defects which may result in communication difficulties and developmental delay, are seen for consultation. Their progress is monitored through the North-East Early Childhood Intervention Program. In addition, treatment has been provided for fluency and voice problems.

Demand for services to adults continues to grow. This is due to several factors. One factor is the increasing awareness in the community of services being available for persons with communication disorders. Another factor, is the effectiveness of medical treatment which allows people who have suffered head injury or strokes to survive, recover and be rehabilitated, enabling them to return to their home and community. Another source of adult referrals is the adult who has experienced communication difficulties since childhood, and finds that these difficulties still exist in adulthood and interfere with social interaction or job success.

One way of meeting the demand for adult services is to provide information to those who work with adults in institutional settings. Therefore, in 1986, in-services and consultations were provided to the staff of sheltered workshops and the Parkland Regional Care Center. The therapy staff of Parkland have continued with a daily communication group which is monitored by the Health Region's speech-language pathologist.

A daily group language program for mildly and moderately delayed pre-schoolers has long been recognized as ideal. However, this need cannot be met with present resources. Instead, group parent programs have been offered so that parents can better help their language delayed children. A group

summer program was offered in Melfort to fifteen children. Tiger-Lily School Division kindly provided space for the interaction-based language program. Fortunately, the North-East Early Intervention Program was able to provide the program with additional help, materials and ideas. Two volunteers also contributed to the program.

The Dept. of Education in Melfort has also responded to the need for daily programming with an innovative program at the Melfort Daycare, where a special needs tutor has been placed with special needs children. The children benefit from special programming and normal interaction with children their own age. A similar program is in place in Tisdale. An additional placement option such as these programs offer, is welcomed.

The opportunity to work closely with the North East Early Intervention Program (NEECIP) home teachers is greatly appreciated. Treatment plans for our young clients are made at the NEECIP monthly Admissions and Review Committee meetings which are attended by the Speech-Language Pathologist whenever possible. Also contributing to these meetings are the Community Physiotherapist, the Early Childhood Psychologist and representatives from Education and Social Services.

As mentioned in last year's report, the Communication Screen was introduced as part of the Public Health Nursing Program. The speech and language of three year old children is screened for potential problems and children are referred for a full assessment to the Speech-Language Pathologist if necessary. The number of three year old children who were assessed in 1986 therefore increased as a result of the screening program. In total, sixty-six (66) three year old children were seen for an assessment of their speech and language skills by the Speech-Language Pathologist in 1986. Data regarding the effectiveness of the Communication Screen is being collected and evaluated by the Speech-Language Pathology Director, K. Richter.

Working with the staff of Melfort Tisdale Health Region continues to be a rewarding experience. Thanks to everyone who makes it that way.

# SPEECH-LANGUAGE PATHOLOGIST'S STATISTICS - 1986

| | |
|---|---|
| PHN - referral from 3 - year screen | 83 |
| - all other PHN referrals | 48 |
| ECP - | 3 |
| DOCTOR | 19 |
| S.H.A.P. | 1 |
| PARENT | 4 |
| OTHER (includes other SLP's NEECIP, Hospitals etc.) | 41 |
| TOTAL REFERRALS - ALL SOURCES | 199 |

## PERCENTAGE OF CASELOAD BY AGE GROUP

| | Dec. 31/83 | Dec. 31/84 | Dec. 31/85 | Dec. 31/86 |
|---|---|---|---|---|
| Preschool | 83% | 77.16% | 74% | 83% |
| School Age | 3.8% | 11.1% | 10% | 1.8% |
| Adult | 12.9% | 11.7% | 16% | 15% |

## SPEECH PATHOLOGY ACTIVITIES BY CATEGORY FOR 1986

Casework..... 63%
Travel..... 14%
Prof. Development..... 7%
Public Education..... 6%
Administration..... 10%

# EARLY CHILDHOOD PSYCHOLOGIST'S REPORT - 1986

- RUPAL BONLI

1986 could be defined as a year of tremendous change in the Early Childhood Psychology services provided in this Health Region. Eigil Jensen, who was working full time in the Region, resigned in August to pursue further studies. His position remained vacant for the remainder of the calendar year. I was then hired in January of 1987 to replace him.

Due to the fact that my duties did not begin until January, I can only briefly comment on the 1986 statistics available to me. During the eight month period that Eigil was here, a total of 44 children were referred and officially seen. The majority (55%) of the referrals were made by the Public Health Nurses due to concerns in the overall development of the children seen at Child Health Conferences. The total number of sessions with individual children and parents was 116; the majority of which were held in district offices.

The mission of the Early Childhood Psychology Program is to promote the health and well-being of the preschool population, in the locus of their families. As a group, the Early Childhood Psychologists in the province are in the process of clearly defining and categorizing the psychological, consultative, and preventive services they provide to the families in their regions. As a result, this is a very challenging and dynamic time to enter the ranks. I look forward to the work with a tremendous amount of enthusiasm and interest.

Some of my plans for 1987 include serving as the psychological consultant for the Preschool Nutrition Project. The aim of this project is to provide background information for parents who have children who refuse to eat, children with weight problems, or parents who require information about anthropometrics and infant feeding habits. I also hope to provide in-service sessions for interested Day Care staff, parenting classes for single mothers, and information for nurses at their monthly staff conferences. All of these activities will supplement the ongoing assessment and intervention services (casework), publication of newspaper articles, board and committee work with the North East Early Intervention Program (NEECIP) and involvement in evaluation of the screening element of the Preschool Core Program. Needless to say, 1987 promises to be an extremely hectic, yet rewarding year.

To conclude, I'd like to thank everyone in the Regional and District Offices for giving me such a warm welcome! I look forward to working with them as part of this very committed team of health professionals.

# EARLY CHILDHOOD PSYCHOLOGIST'S STATISTICS - 1986

| | | 1984 | 1985 | 1986 to Aug 31 |
|---|---|---|---|---|
| A. | Total number of Children Referred and Seen (first visit) | 43 | 51 | 44 |
| B. | Breakdown of (A) by Source of Referral | | | |
| | Public Health Nurse | 15 | 15 | 24 |
| | Speech-Language Pathologist | 13 | 11 | 4 |
| | Social Services | 3 | 10 | 3 |
| | Parents | 7 | 11 | 7 |
| | Physicians | 5 | 3 | 0 |
| | Other | 0 | 1 | 6 |
| C. | Breakdown of (A) by reason for Referral | | | |
| | Concern about development | 32 | 30 | 23 |
| | Concern about behavior | 11 | 19 | 21 |
| | Multiple problems | 0 | 0 | 0 |
| | Other Problems | 0 | 2 | 0 |
| D. | Average Age (in years) of children younger than five | | | |
| | Developmental Problems | 3.7 | 3.6 | 3.0 |
| | Behavioral Problems | 3.0 | 3.7 | 3.8 |
| E. | Total Number of Sessions including Initial | | | |
| | Visits, Reassessments and Follow-up | 78 | 135 | 116 |
| F. | Number of Sessions at | | | |
| | Regional Office | 52 | 81 | 51 |
| | District Office | 22 | 43 | 56 |
| | Home | 2 | 4 | 2 |
| | Other | 2 | 7 | 7 |
| G. | Group Education | | | |
| | Number of Group Sessions | 4 | 3 | 2 |
| | Number of People Addressed | 63 | 60 | 31 |
| H. | Prevention | | | |
| | Newspaper Articles Written | 27 | 23 | 30 |

# CHIROPODIST'S ANNUAL REPORT

- DR. VINCENT JONES

The Chiropody Program continues to be well utilized and more people are becomming aware of its existence, mainly from word of mouth advertising.

Total new patients seen during 1986 was 671, bringing the caseload in the Region to 1662.

2977 individual treatments were given.

Satellite Clinics continue to be held 2 days per month at Humboldt, Tisdale and Nipawin.

There has been an increase in referrals for problems of a mechanical and advisory nature, particularly in relation to footwear and insoles for Rheumatoid Arthritis sufferers.

We also have quite a number of parents of babies and young children seeking advice on various structural and gait problems, including such concerns as curly toes, pigeon toes and flat feet.

Most of the childrens conditions require little intervention. However a number of older children were having foot pain, knee pains and mobility problems and have benefitted from custom made orthotics.

I had a meeting with Dr. Wedge, Professor of Orthopedic Surgery, University Hospital, Saskatoon.

Dr. Wedge specializes in children's problems. We discussed various problems and Dr. Wedge later gave an inservice to all the chiropodists in the province.

Quite an effort is being made to seek out shop keepers who already stock or are prepared to stock footwear to accommodate problem feet.

EDUCATION

Education is still most effective on a one to one basis, however, a number of pamphlets are available on various aspects of footcare, including Diabetic Footcare, Footcare for the Elderly, Foot Exercises, Children's Development and even Shin Splits for the Sports Person.

Every nursing home in the Region has been visited personally and made aware of our inservice program. Most have had at least 1 inservice on how to care for the feet of the elderly.

Even though we see a good cross section of the population, most of our work is still mainly with seniors and people medically at risk.

# REGIONAL NUTRITIONIST'S REPORT - 1986

- DEBORAH LEACH

Naseem Janmohamed was on a ten month leave of absence from April, 1986. The program established in mid 1985 continued to strive to increase nutrition awareness and to provide reliable nutrition information in the Health Region.

Workshops and seminars for community groups were conducted on various nutrition subjects including: allergies (4), feeding children (5), weight control and fitness (8), osteoporosis and women's health concerns (7) and seniors (2). Presentations on nutrition were also made to adult groups (7), student nurses (3), schools (7), teachers (1), public health inspectors (1) and an adult basic education class (1).

Special events called for displays, promotions and presentations. "Nutrition for Life" was the theme of the Nutrition Month Campaign in March. As part of nutrition month activities, a contest was organized between the schools in Health Region #11 and Prince Albert. The contest was won by students at Norwood Colony Elementary School. The theme for World Food Day, in October was "Fisheries and Development". World Food Day Resource Kits were distributed to schools and libraries. The Melfort World Food Day Committee also sponsored a mall display and film night with discussion on "Who's Feeding Whom?" During Diabetes Awareness Month in November, presentations were made by co-ordinator, Pat Orpen, to professional groups (accompanied by a mall display in Melfort).

Information sharing became part of monthly nursing conferences, particularly prenatal, infant and child nutrition/referrals and diabetes education. Demonstration prenatal classes (10) were conducted around the Region.

Consultative services were provided in response to telephone and mail requests from the public, health staff, teachers, students, health clubs, day care and Social Services (averaging 15 per month). Most often asked questions were about feeding babies and toddlers; and during the summer, questions about freezing and canning were popular.

Individual nutrition counselling was provided for pregnant women, infants and preschoolers upon referral by health professionals.

Resource development included audiovisual materials for presentations, displays, fact sheets and newspaper columns. In co-ordination with provincial and regional nutritionists, educational tools developed were: A 'Chronic Disease Prevention' package; 'Take It From the Top' nutrition activity for prenatal classes and 'guidelines for rating nutrition books and articles'.

Media coverage included: nutrition articles for weeklies; radio and TV promotions for special events.

# COMMUNITY THERAPIST REPORT - 1986

- ELAINE WIRTZ

The Community Therapy Program is the most recent component of the community based health care services delivered by Saskatchewan Health. Although the program is a new one within Saskatchewan Health, it has been in existence in somewhat less organized form since 1974. The objective of the program is to provide physical therapy and occupational therapy services for rural residents aimed at improving the quality of life for individuals with physical and functional disabilities.

There are three Community Therapists in the Melfort-Tisdale Health Region all of whom are physiotherapists. Shirley Nordlund is based in Tisdale and provides services to Carrot River and Kinistino. Shirley has worked in Tisdale prior to joining the Community Therapy program in October. Shirley has extensive work experience with physically disabled children, therefore, is a valuable community resource person for disabled children and their parents in this region.

Anne Wolfaardt is a newcomer to this country as well as this program. She originates from South Africa and is based in Porcupine Plain providing services to Hudson Bay, Arborfield, Nipawin and Melfort plus other smaller areas.

Elaine Wirtz is based in Wadena providing services to Kelvington, Rose Valley, Watson and Wadena in this region and Wynyard, Foam Lake and Invermay in the Yorkton region. Elaine has worked as a Community Therapist since 1975 in the Wadena and surrounding area.

The therapists work primarily in the smaller rural hospitals and special care homes providing treatment, consultative and inservice functions. Most of the region is now receiving service with the noteable exception of the southwest portion of the region.

Outpatient treatment services are provided at designated hospitals on a weekly basis. Inpatient services may be actual "hands on" but often consists of training of onsite staff members to carry out prescribed treatment procedures. With the increase of time available for long term care institutions both Shirley and Elaine have been doing much more inservice than previously. This is one of the areas in which Community Therpay services can make a significant impact on the care programs of rural health care instititions. The inservice component of the program is likely to increase in demand and the need for inservice packages with audio visual aids will increase as well. The care needs of the typical special care home resident are becoming more complex requiring additional input into resident care plans which can be provided by the therapists.

Community based activities include working in conjunction with the local home care programs to ensure that clients in the home are functioning to their maximum potential. As well, training of homemakers in methods of back injury prevention, simple exercises for the client and provide physicial assistance to the client promotes the safety and well being of the individuals involved. Other areas for whom the therapists can act as a resource person include development and activity centers, schools, seniors' organizations, or other community organizations.

Pediatric update seminars scheduled for the end of March in Saskatoon and Regina will help us review current programs in pediatric therapy. We are called upon to provide follow-up consultation to parents of children that are receiving treatment services from the Children's Rehabilitation Center (CRC) in Saskatoon or Wascana in Regina. It is helpful for us to be able to meet the therapists in these centers to view treatment procedures and discuss potential and current problems. Shirley is attending CRC, Saskatoon and Elaine will be going to Wascana, Regina. It is useful as well to educate the urban therapists about the role we assume in Community Therapy.

All in all, our first six months have been busy, productive months. The Community Therapy program is helping to satisfy the growing needs in rural health care.

# PERSONNEL

## MELFORT-TISDALE HEALTH REGION NO. 11

MELFORT, Saskatchewan BOX 6500 S0E 1A0

BONLI, Rupal - Early Childhood Psychologist (January, 1987)
COOK, Lyn - Speech-Language Pathologist
FRAZER, Colleen - Clerk-Typist II
HEIMANN, Dr. G. Allen - Medical Health Officer
JANMOHAMED, Naseem - Nutritionist (January - April)
JOHNSTON, Diane - Regional Nursing Supervisor
JONES, Dr. Vincent - Chiropodist
KAIP, Wanda - Clerk Typist II
KOROLUK, William - Senior Public Health Inspector
LEACH, Deb - Nutritionist (May - December)
MANN, Myrna - Public Health Nurse I
MILLER, Irene - Clerk-Steno II
MORRISON, Jean - Public Health Nurse I (Education Leave)
MYRHEIM, Celine - Clerk Steno IV
REITER, Rosanne - Clerk Typist II (Temporary)
SELNES, Sharon - Public Health Nurse I
STREETON, Patricia - Public Health Nurse I
TERRY, Douglas - Public Health Inspector II
TONDELL, Judy - Public Health Nurse II
TYCKON, William - Public Health Inspector I
WINGE, Deborah - Assistant to Chiropodist
Speech-Language Pathologist (Vacant)

HUMBOLDT, Saskatchewan BOX 1747 S0K 2A0

ADAMS, Marliss - Public Health Nurse I
ALBERS, Bernadette - Clerk-Typist II
SKULSKI, Karen - Public Health Nurse I
TATARYN, Alice - Public Health Nurse I
TATARYN, Dick - Public Health Inspector I

HUDSON BAY, Saskatchewan BOX 187 S0E 0Y0

BLOCK, Judy - Clerk-Typist I
RUDYCHUK, Margaret - Public Health Nurse I
SZEMAN-WOLITSKI, Donna - Public Health Nurse I

NIPAWIN, Saskatchewan BOX 1438 S0E 1E0

GRAHAM, Bryce - Public Health Inspector I
KERR, Lorraine - Public Health Nurse I
MEIER, Bonnie - Public Health Nurse I
MEYER, Colleen - Clerk-Typist II
PYNE, Diane - Public Health Nurse I (Job-Sharing Position)
TRITES, Joan - Public Health Nurse I (Job-Sharing Position)

PORCUPINE PLAIN, Saskatchewan BOX 711 S0E 1H0

WOLFAARDT, Anne - Community Therapist

TISDALE, Saskatchewan BOX 1297 S0E 1T0

BONE, Eileen - Public Health Nurse I (Job-Sharing Position)
CLEAVELEY, Julie - Public Health Nurse I
KAPELLER, Sharon - Clerk-Typist II
LALONDE, Debbie - Public Health Nurse I
NORDLUND, Shirley - Community Therapist
ROGERSON, Heather - Public Health Nurse I (Job-Sharing Position)

WADENA, Saskatchewan BOX 448 S0A 4J0

EVANS, Marie - Public Health Nurse I
PEACE, Heather - Clerk Typist II
SILZER, Yvonne - Public Health Nurse I
WIRTZ, Elaine - Community Therapist
Public Health Inspector I (Vacant)